



AHCCCS Technical Consortium

Wednesday, May 14, 2008, 2:00-3:00 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Facilitator: Lori Petre

Handouts: AHCCCS NPI Key Updates
Upcoming Changes to Files Sent to Health Plans
Standards Updates May 2008

Attendees: *Attended Telephonically

Abrazo Health

Chris Cheesman
Liz Liska
Veronica Rivera
Jim Ten Eyck*
Michele Palladino*
JoAnn Ward*

ADES

B. J. Ayers
Louette Coulson
Amanda Erickson*
Matthew Trumbull*

ADHS

Kevin Gibson
Brian Heise

AHCCCS

Cindy Altman
Deborah Burrell
Bernard Chester
Terry Cox
Dwanna Epps
Ann Fullam
Zina Horrell
Cheryl Kelly
Dennis Koch
Mary Kay McDaniel
Jacqueline McElroy
Lori Petre
Brent Ratterree

Americhoice (UHC)

Karen Saelens

Care 1st Arizona

Ivy Boyer
Anna Castaneda
Susan Cordier
Brian Skjoldal

Centene

Monica Cervantes
Nicole Larson
Carrie SkoogBoutajrit

Cochise Health

Marisol Renteria*
Chuck Smith*

Iasis Healthcare

Carol Allis*
Jesse Perlmutter

JR2 Solutions

Lydia Ruiz

Maximus

Diane Sanders

Phoenix Children's Hospital

Carlos Jimenez*
Theresa Burnett*

Pima Health System

Waleed Buqaileh
Martin Rodriguez
Alan Tiano*

Pinal County

Cheryl Davis
Jennifer Schwarz

Scan Healthplan

Marc Carren*
Gene Dameron*
Jim Hasey*
Thomas Hoehner*
Julie Shannon*
Jason Winfrey

Schaller Anderson

Todd Cassel

United Health Care

Debra Alix

University Physicians

Bill Cigrand*
Pat McConnell*
Julie Conrad*
Dianne Mayhew*
Kathy Steiner*

Yavapai Long-Term Care

Becky Ducharme*
Jean Willis*

OVERALL NPI STATUS UPDATES**Lori Petre**New Direction of Consortium

The scope of this meeting has been expanded to address all technical interests of health plan / program contractors. The new meeting schedule is quarterly, with more frequent meetings if necessary. HIPAA initiatives will still be included in the discussions. It is important that contractors to review the Agenda to ensure relevant representation at the meetings.

NPI Status and Updates:

1. Enforcement of 5/23/08 Deadline:

The 5/23/2008 deadline for requirement of NPIs does not mean that payment must be automatically denied for the lack of an NPI. Health Plans are permitted flexibility to use their own process to work with providers to acquire the necessary information to meet the requirements for claims payment.

As of May 1, over 6,000 required NPIs had not been registered in PMMIS, however in the past several weeks we have received numerous updates.

2. Requirements for Prescribing Providers:

In response to questions about requirements associated with prescribing providers, AHCCCS has decided to set the encounter prescribing provider NPI edit to "soft," pending further analysis and definition of Exceptions as noted below. That edit number is Z235.

3. Exceptions to NPI Requirements:

AHCCCS will meet with health plan volunteers to define "exceptions" to NPI requirements and how each will be handled, i.e., NPI requirements for residents, failure of pharmacy to obtain NPI. This discussion group will develop scenarios and options for all to follow.

Questions:

- In absence of a defined process for exceptions, is the driving table the provider type indicator table?

The individual provider gets populated by default from the provider type. AHCCCS has the capability to deviate from provider type requirements at the individual provider and so can go to another level to handle some exceptions.

- CMS guidance on an issue of the prescribing provider: If a pharmacy cannot obtain the prescribing provider, they can submit their pharmacy NPI. Is this what AHCCCS will follow?

What we want to do is confirm which of the guidance we want to see consistently. The Health Plans need to have documentation showing the steps they will take as situations arise. Please refer to the bullet point above regarding definitions of Exceptions to NPI Requirements.

- What will be happening with atypical providers and the AHCCCS ID?

AHCCCS will continue to assign an AHCCCS registration number to all providers. Based upon provider type, the atypical provider will not require the NPI (though they might have one) and will continue to report claims, etc using their assigned AHCCCS registration number.

- Is anyone planning to do a hard reject on claims without an NPI?

Yes, Fee for Service denies. Others are denying if NPI is not in the system at all. The common situation is that the providers are not sharing their NPIs - not that they do not have them.

- Does AHCCCS have all Indian Health Services AHCCCS ID numbers terminated or have they had the NPIs removed where the standard AHCCCS ID is used in its place?

It is believed to be so. Provider Registration is making changes to shift those NPI numbers (where links occurred) to the ongoing ID. A formal response will be issued soon.

- Historically, providers have used their AHCCCS registration number and locator code to drive payment to two different locations. Can providers continue to submit and process under both their NPI and AHCCCS registration number and locator code?

There is no way to drive it to two places. (Mary Kay) The rule reads: "if you are going to identify a provider, you have to use the NPI." The 5010 transaction will not allow a billing provider. Additional identifiers are not allowed.

- When there is more than one NPI for the same organization based on the department, which one should be used?

Any of the NPIs can be used and should be recognized. Hospitals, particularly, can have several and vary which one they submit.

- How long does it take to turn around the NPI Information Reporting Form and enter it into the AHCCCS database?

The time required depends on Provider Registration's backlog - currently, about 10 days out.

Upcoming Changes to Files

Dennis Koch, Project Manager, Recipient/EDI Team

File Name Changes and Location

Recipient/EDI will modify several areas of data processing. They plan to install these changes by 09/25/08, i.e., naming convention changes for the 277 unsolicited and supplemental files. Files will be deposited into a separate folder, the Encounter\Out\Prod folder, instead of the current Health Plan ID folder, and will be identified by the Health Plan ID within the file name.

For the X12 files, the names of the 820 and 834 files will also be changed from the .dlr extension to a standard file name of AZD834 .txt. In order to minimize the number of transactions, this file will not be zipped. Phase one of the validation process for encounters is currently run through the Foresight Validator - plans include running *all* files through the Validator so that data to the Health Plans will be compliant.

834 Roster File

Additional information on the 834 will soon include an NICU indicator as an HD segment, which is already present on the active care rosters (.acr).

Another modification is for the MMA notifications. The 6-digit Plan ID will be changed to 8 digits.

Files will be available for testing by mid-July.

Empty 820 and 834 File

A character string of 15 bytes consisting of Health Plan ID and zeros is currently in use. To meet compliance for outgoing files, AHCCCS will send a dummy file to Health Plans who do not receive data for an 820 or 834 file for that day. This empty "dummy" file will simply be used for validation.

Review File

The .rev or "churn" file will have two new fields on the back end: member's email address and language.

- Will this language field be different from that on the 834? Will it be codified or in English? AHCCCS-specific code versus a code set - the 834 uses a standard code set and not the one that AHCCCS has.

The field is a 20-byte AHCCCS specific code.

- Can the email be added to the 834?

The out-bound roster file will need to be reviewed.

AEL and AEG Files

AEL and AEG are the annual enrollment loss and gain files. There were reported problems opening these files in the Microsoft Internet Explorer browser. This was resolved by modifying the 4 binary zeros at the back end.

Issues about TI, Community Manager, etc., should be emailed to the ISD Help Desk and include all relevant information, such as Health Plan ID, phone number, file name, control number, etc. (isdcustomersupport@azahcccs.gov or 602-417-4451).

- Will the TI Encounters email address be discontinued then?

No. That address remains for specific issues on the business side with Encounters.

- What about the extended-choice window?

The time frame in the extended-choice window will change from 16 to 30 days on 06/02/08.

- Interesting to note: This window will also affect the time frame for the auto-assigned Health Plan for newborns. Mothers will now have 30 days.

This brings up certain questions that need to be researched: When will the newborn notification occur? On all transactions? On only adds or changes?

HIPAA UPDATES**Mary Kay McDaniel**Standards Updates

UB-04: 07/01/08, 10/01/08, 01/01/09 are effective dates for upcoming changes for the UB-04.

NUCC: The NUCC's recommendation to postpone enforcement of NPI for six months has not been actualized.

ICD-10: The ICD-10 rule has been separated from the 5010. One of two possible outcomes for the 5010 could occur by the end of June: 1) Versioning will be separated from the rule and will be driven by CMS or 2) The SDOs will determine the new versions and the impact on the industry.

CMS needs the ICD-10 to do pay-for-performance but could not include it on a 4010A1. The SDOs have devised a way to put an ICD-10 onto current existing transactions. Medicare may treat the ICD-10 as they do the Present-on-Admission indicators, i.e., stuffing into the K-3 segment.

PHRs: Medicare has been given a two-year deadline to provide PHRs for every Medicare beneficiary and every federal employee.

MITA: The MITA project is up and running and will be sending requirements for a Medicaid provider system. An information model is being built at HL7 that will use provider flow models. (See www.hl7.org) HL7 approved a CDA version of attachments with a minimalized enveloping structure - this will simplify transactions.

HITSP: CHI Health Informatics said administrative transactions will be X12. HITSP is not bound by that rule but bound to find the best transactions at the time. HITSP is working on an architectural framework..

WEDI: A by-product of WEDI X12 is that real time transaction flow was approved. This will be popular with providers and vendors because of significant cost savings.

NCPDP: A major topic for NCPDP is prescribing providers and their inconsistent use of an NPI, DEA number, or state number.

There are new software products that identify the changes between the 4010A1 and the 5010. An alternate to using a product is to obtain implementation guides for each standard or version, i.e., 4030, 4050, 4070, and 5010 (See <http://e-emergence.com/index.html> or <http://wpc-edi.com/>).

Medicare work and its affect on Medicare systems are available on the CMS website - however, the information is not yet conclusive.

Final Comments

Mary Kay McDaniel

The next Consortium will convene in August. In the meantime, NPI representatives will be contacted about the “exception” processing and a meeting about these changes will occur in June or July.

Corrections to the minutes should be directed to NPIConsortiumCoordinator@azahcccs.gov.